

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Julia Rebecca Ambrose</i>		Town <i>Dorfield</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death 1903		Age		Months Days	
Month <i>April</i>		Day <i>20</i>		Years <i>34</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place			
Married, Single or Widowed <i>Single</i>		Occupation <i>House maid</i>					
Name of Wife or Husband _____							
Father's Name <i>Geo W Ambrose</i>				Father's Birthplace			
Mother's Maiden Name <i>Matilda Ambrose</i>				Mother's Birthplace			
Name of person giving In formation _____				How related to deceased <i>65</i> _____			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral softening</i>		How long <i>3 yrs</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. E. Kipforn and</i>
		Address <i>Shurmont, Ind.</i>
Accident or Suicide?		



Name  
in  
Full

Varena Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town FREDERICK		County FREDERICK		MARYLAND	
Date of death 190	3	Month Apr	Day 20th	Age —	Years —	Months —	Days 9
Sex	Female		Color or Race	Colored		Birth- place	FREDERICK
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. U. G. Brown
		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

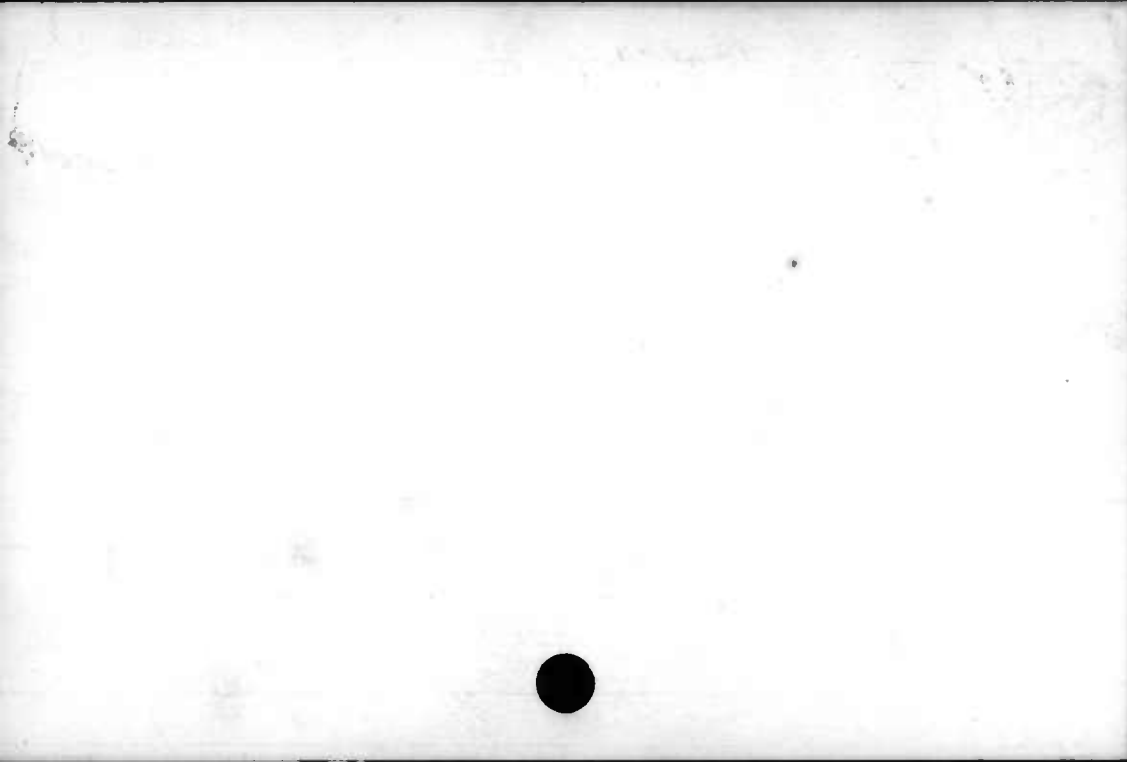
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Breagerstown		Frederick					
Date	Month	Day	Age	Years	Months	Days	
of death 1903	April	28	64		3		
Sex	Male		Color or Race	White		Birth-place	Leurstown Ind.
Married, Single or Widowed	Married		Occupation	Farmer			
Name of Wife or Husband	Mary F. Sheid						
Father's Name	Aaron Baltzell				Father's Birthplace	Lisp Woodshor	
Mother's Maiden Name	Susana Renner				Mother's Birthplace	Lisp Breagerstown	
Name of person giving information	Noah Baltzell				How related to deceased	Brother	

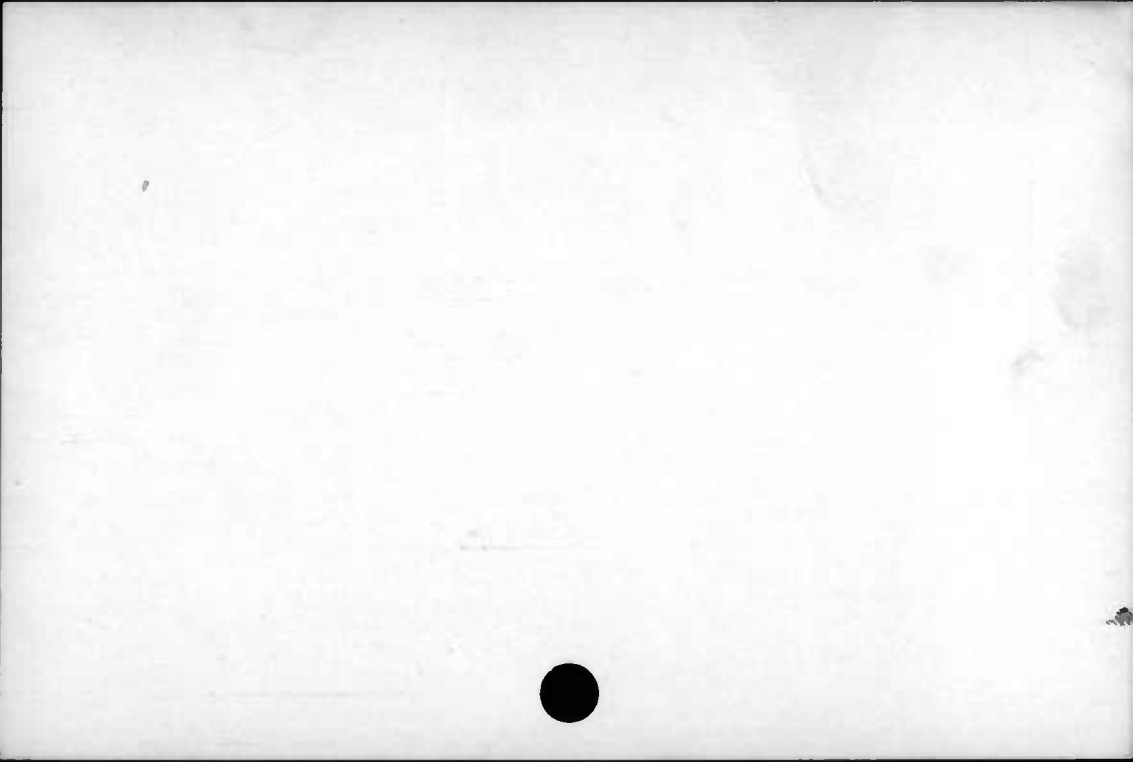
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Paralysis	How long	8 day
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
	Breagerstown	Signature of Physician	J. D. S. Young M.D.
		Address	Fredk Co
Accident or Suicide?			



Name in Full		Elisabeth Barnes No. 11				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Fountain Mills		County Frederica		MARYLAND
	Date of death 190	3	Month April	Day 7	Age	70	Months Days
	Sex	Female		Color or Race	Black		Birth- place
	<del>Married, Single</del> <del>or Widowed</del>			Occupation			
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving In formation						How related to deceased	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	La Grippe						
	Immediate				How long		
	Asthenia				10		
	Are the name, age, sex, color, date and place correctly given above?				2 months		
yes				Signature of Physician			
				Address			
				Howard N. Hopkins Jr.			
				New Market, Md.			
Accident or Suicide?				no			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Georgetown</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>April</i> <sup>Month</sup>	<i>26</i> <sup>Day</sup>	Age <i>78</i> <sup>Years</sup>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Carpenter</i>				
Name of Wife or Husband <i>Catharine Beall</i>					
Father's Name <i>Don't know</i>			Father's Birthplace		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Severe Debility</i>	How long <i>Several years</i>
Immediate <i>Anemia</i>	How long <i>15</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. V. Haffner</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name  
in  
Full

Simon Bowen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND	
Date of death 190	3	Month <i>Apr</i>	Day <i>11th</i>	Age <i>63</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Fredericks md.</i>			
Married, Single or Widowed		<i>Married</i>		Occupation <i>Laborer,</i>			
Name of Wife or Husband		<i>Minnie Bowen</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation				<i>Minnie Bowen</i>		How related to deceased <i>Wife</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart Disease, (Mitral incompetency)</i>	How long	<i>Indefinite</i>
Immediate	<i>Pulmonary congestion</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr U G Bourne</i>	
As well as could be ascertained.		Address <i>52 W All Saint St.</i>	
Accident or Suicide?			



Elsie Brown

Town

County

Died at Buckhannon Sta

MARYLAND

Date 1903	Month Apr	Day 18	Y. 1	M. 10	D. 8	Native of Md	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name William Brown	Mother's Maiden Name Virgin Mary Jones
-----------------------------	--

Cause of	Primary Hydrocephalus with germ	How long sick 5 or 6 mo
Death	Immediate marasmatic condition	Accident, Suicide, Homicide

Reported by T. Clyde Rounton M. D. 150

Address Buckhannon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <b>Louisa</b>		Town <b>Fredensh</b>		County <b>Fredensh</b>		CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death 1903		Month <b>April</b>		Day <b>9</b>		Years	
Sex <b>Female</b>		Color or Race <b>White</b>		Age		Months	
Married, Single or Widowed <b>Married</b>		Occupation		Birth-place <b>Bavaria</b>		Days	
Name of <del>Wife or</del> Husband <b>Conrad Brust</b>		Father's Name <b>Dani Sandmeyer</b>		Father's Birthplace <b>Bavaria</b>		Mother's Birthplace <b>Bavaria</b>	
Mother's Maiden Name <b>Mrs. Louisa Sandmeyer</b>		Name of person giving information		How related to deceased			
CAUSES OF DEATH							
Primary <b>Valvular Heart Disease</b>		<b>Notified Insufficient</b>		How long <b>9 months</b>			
Immediate <b>Pulmonary Edema</b>		<b>79</b>		How long <b>12 hours</b>			
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Wm. Crawford</b>		Address <b>Fredensh, Md.</b>			
Accident or Suicide? <b>No</b>							

Mt. Oliver Cemetery

Sunday<sup>4</sup>/12, 03

@@Party



Mrs Emily Crookson

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

4

26

Age

69

—

U.S.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

one

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

How long sick

7 days

Death

Immediate

Paralysis of Heart

Accident, Suicide, Homicide

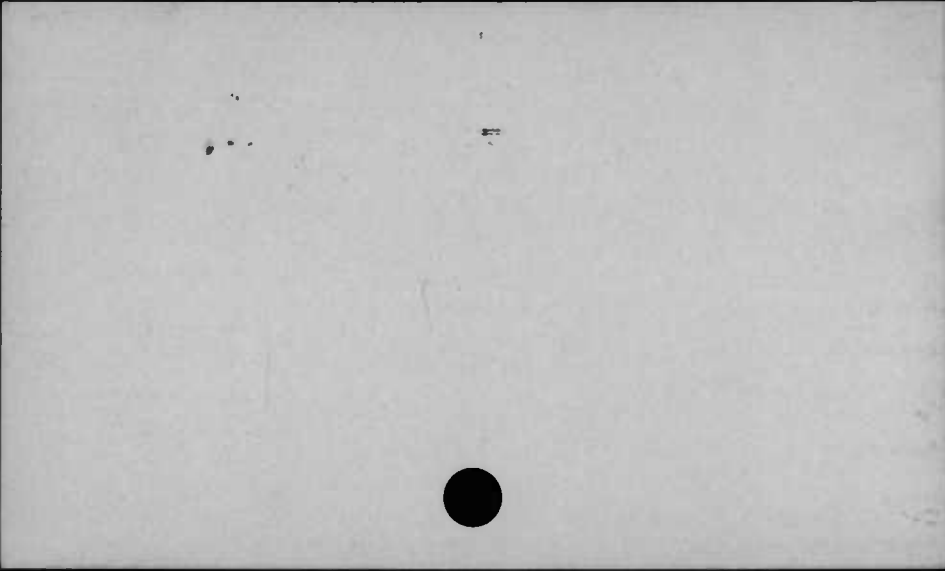
Reported by

1844th St Buchanan Oriyel St D

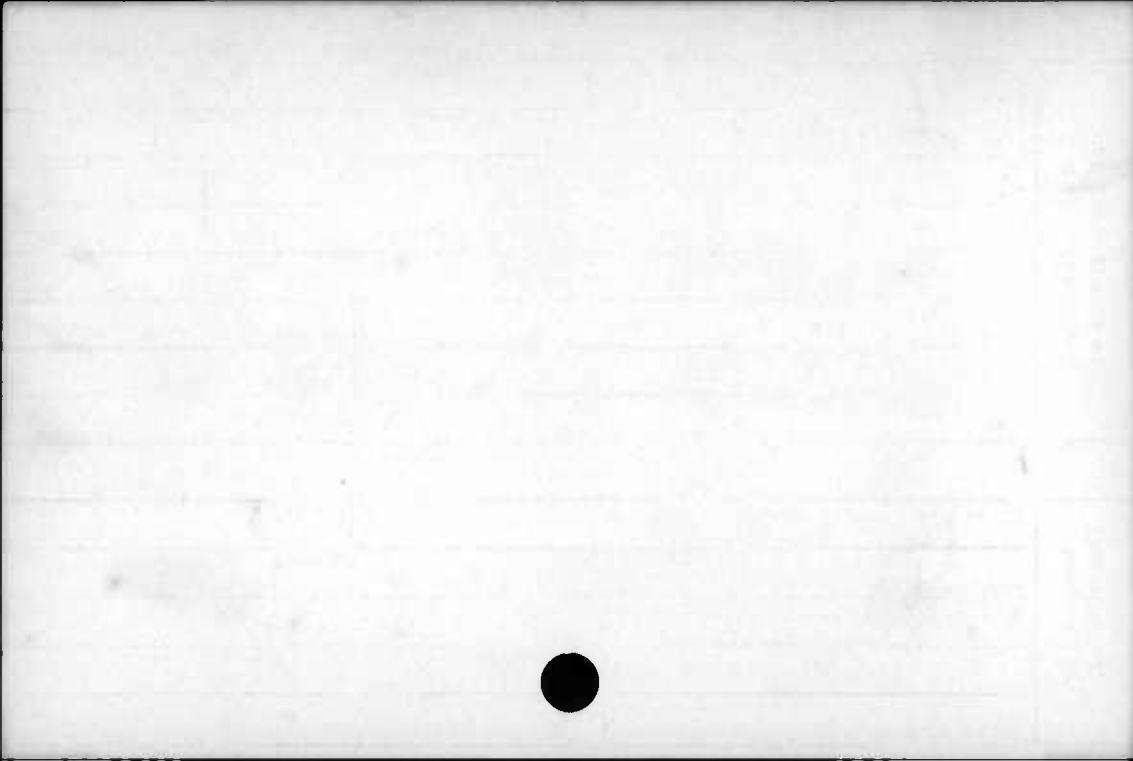
Address

City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <b>Ernest Cooper</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Brunswick</b> <small>Town</small>		<b>Fredricks</b> <small>County</small>
	Date of death 190 <b>3</b> <small>Month</small> <b>April</b> <small>Day</small> <b>21</b>		<b>4</b> <small>Years</small>
	Sex <b>Male</b>		Color or Race <b>white</b>
	Married, Single or Widowed <b>single</b>		Occupation <b>none</b>
	Name of Wife or Husband		
	Father's Name <b>Herbert - Cooper</b>		Father's Birthplace <b>W Va</b>
	Mother's Maiden Name <b>Silly Arrison</b>		Mother's Birthplace <b>Va</b>
Name of person giving information		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Measels</b>		How long <b>3 day</b>
	Immediate <b>Bronch Pneumonia</b>		How long <b>12 days</b>
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>A. G. Horine</b>
			Address <b>Brunswick, Md.</b>
	Accident or Suicide?		



Name in Full

Certificate of Death

Ethan Allen Cramer

Town

County

MARYLAND

Died at

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

April 14th

Age

44 11. 15

Md

Laborer

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

15

Husband of

Wife

Father's

Mother's

Name

Maiden Name

20

Cause of

Primary

General Debility due

How long sick

10 days

Death

Immediate

To old age  
acute Septicemia due

Accident, Suicide, Homicide

To cut of artery  
Frank

Reported by

Hedgce M. L.

Address

Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895



Name  
in  
Full

Franklin E. Cramer

CERTIFICATE OF DEATH

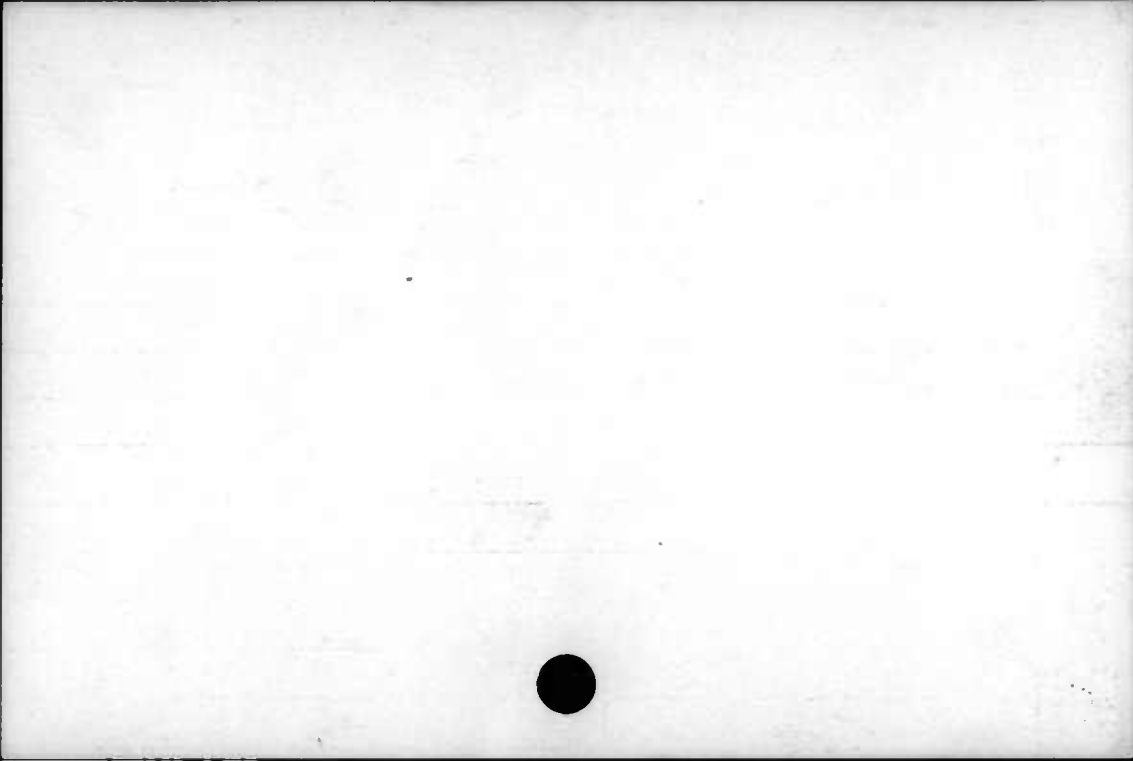
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>26</i>	Age <i>5</i> Years	Months <i>3</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>X</i>			Occupation		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Harry M. Cramer</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Lily Schorder</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>H. M. Cramer</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pseudo Membranous Croup</i>	How long <i>48 hours</i>
Immediate <i>Heart paralysis</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Goodwin</i>
<i>Non-Diphtheritic</i>	Address <i>Frederick.</i>
Accident or Suicide? <i>X</i>	





Name  
in  
Full

Harriet Corne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death 1903	<u>April</u> <small>Month</small>	<u>31</u> <small>Day</small>	Age <u>73</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Middleton, Ind - to Md</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Retired</u>		
Name of Wife or Husband <u>John E Corne</u>					
Father's Name <u>John Walker</u>				Father's Birthplace	
Mother's Maiden Name <u>Mary McCormick</u>				Mother's Birthplace	
Name of person giving information <u>Mrs L E Kepler</u>				How related to deceased <u>Daughter</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis of Lungs</u>	How long <u>95</u>
Immediate <u>Ordinary of Lungs</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. S. Maynard</u>
	Address <u>17 Second St W.</u>
Accident or Suicide?	



Name  
in  
Full

John E. Cutsail

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Craby</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>4</i>	Day <i>8</i>	Age <i>74</i>	Years	Months
Sex <i>Male</i>	Color or <del>hair</del> <i>White</i>		Birth-place <i>Ind</i>		
Married, <del>Single</del> <i>Single</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>X X X</i>					
Father's Name <i>X X X</i>			Father's Birthplace <i>X X</i>		
Mother's Maiden Name <i>X X X X</i>			Mother's Birthplace <i>X X X</i>		
Name of person giving information <i>Geo Cutsail</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dilatation of heart</i>	How long <i>3420</i>
Immediate <i>Ex hemorrhage</i>	How long <i>2 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.D. Long</i>
	Address <i>Frederick Ind.</i>
Accident or Suicide? <i>No</i>	

Mt Hunt Cemetery

Apr 11-1903

C. C. Cady  
- -

Name in Full *Mrs Catherine Dietrich*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1900	Month <i>4</i>	Day <i>7</i>	Age <i>66</i>	Months <i>5</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>			
Name of <del>Wife</del> Husband <i>Justus Dietrich</i>					
Father's Name <i>Gerlach</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Adam Dietrich</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease (Thickened Valves)</i>	How long <i>Several years</i>
Immediate <i>Coronary Artery thrombosis of Bedouin 24 hours</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Second St W.</i>
Accident or Suicide? <i>_____</i>	<i>over</i>

Interment at Mt Olivet

"

April 9<sup>th</sup>

A F Rice & Sons.

Name  
in  
Full

George Diffenbaugh

## CERTIFICATE OF DEATH

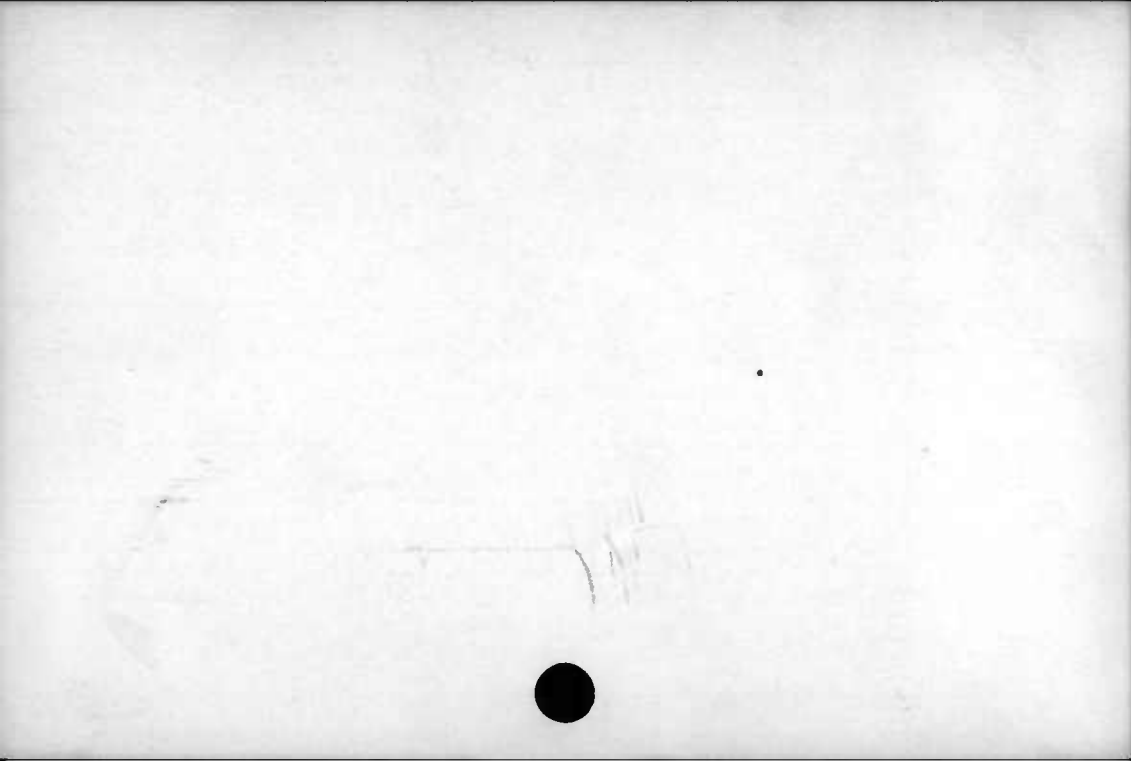
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montrose Hospital</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>12</i>	Years <i>20</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
<del>Married</del> Single	<i>Single</i>		Occupation <i>Laborer -</i>		
Name of Wife or Husband <i>(blank)</i>					
Father's Name <i>Wenton Diffenbaugh</i>			Father's Birthplace <i>Maryland</i>		
Mother's Name <i>(blank)</i>			Mother's Birthplace <i>(blank)</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Consumption -</i>	How long <i>From 2 days only</i>
Immediate <i>Exhaustion -</i>	How long <i>(blank)</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. S. Magwood.</i>
<i>Yes.</i>	Address <i>17 Grand St. N.</i>
Accident or suicide?	<i>(blank)</i>





Name In Full

Certificate of Death

Dinterman Agnes.

Town

County

Died at Pearl, Frederick Co Md

MARYLAND

Date 1903 4 - 28 Y. M. D. Age - 3 - -

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Eczema Rubrum

How long sick

3 mos

Death

Immediate

asthma

145 D

Accident, Suicide, Homicide

Reported by

H P Fahmy md

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_



Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

*Interment*

Information contained in this certificate

received from *Det Barrow*

of \_\_\_\_\_

*429-03 • 666*

Name  
in  
Full

Altham E Dorsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>4</i>	Day <i>24</i>	Years <i>22</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Liberty Md</i>		
Married <del>Single</del> or <del>Widow</del>			Occupation <i>Labourer</i>		
Name of Wife or Husband <i>X X A</i>					
Father's Name <i>Altham Dorsey</i>			Father's Birthplace <i>Liberty Md</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>X X X</i>		
Name of person giving information <i>Doris Cortina</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Hemorrhage &amp; Cough</i>	How long <i>2 days</i>
Are the name, age, sex, color date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Long</i>
	Address <i>37 E. Federal St.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Peter Eaves

Died at <sup>Town</sup> Liberty TownCounty <sup>Frank</sup> Frank

MARYLAND

Date 1903 <sup>Month</sup> Apr. <sup>Day</sup> 9 <sup>Y.</sup> 8 <sup>M.</sup> 2 <sup>D.</sup> 4 <sup>Native of</sup> Md <sup>Occupation</sup> Retired Farmer

Male <sup>White</sup> White <sup>Married</sup> Married <sup>Widow</sup> Widow <sup>Divorced</sup> Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of

Father's Name Peter Eaves

Mother's Name Mary Muller

Cause of <sup>Primary</sup> Aortic Aneurysm

How long sick 3 days

Death <sup>Immediate</sup> Cerebral Hemorrhage~~Accident, Suicide, Homicide~~

Reported by Otis B. Stone M.D. W

Address Liberty Town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cyrus Ceturius Harris

Died at <sup>Town</sup> *Charmont*County *Frederick*

MARYLAND

Date 1933 *April 5*Y. M. D. *57-2-14*

Native of

Occupation

Date 1933 *April 5*Age *57-2-14*Native of *Frederick*Occupation *Farmer*

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

*5*

Husband of

*Catherine Jane**Hessan*

Father's

Name

*Samuel Harris*

Mother's

Maiden Name

*Mary McQuinn*

Cause of

Primary

*Apoplexy*

How long sick?

*64*  
*Dead suddenly*

Death

Immediate

~~Accident, Suicide, Homicide~~

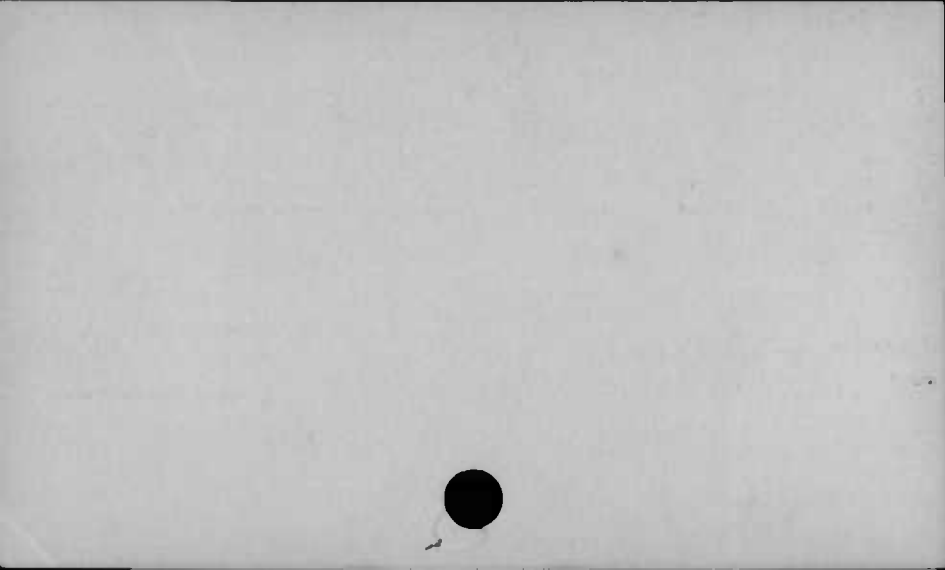
Reported by

*E. C. Harris Jr.*

Address

*Charmont, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

William M. Beaga

## CERTIFICATE OF DEATH

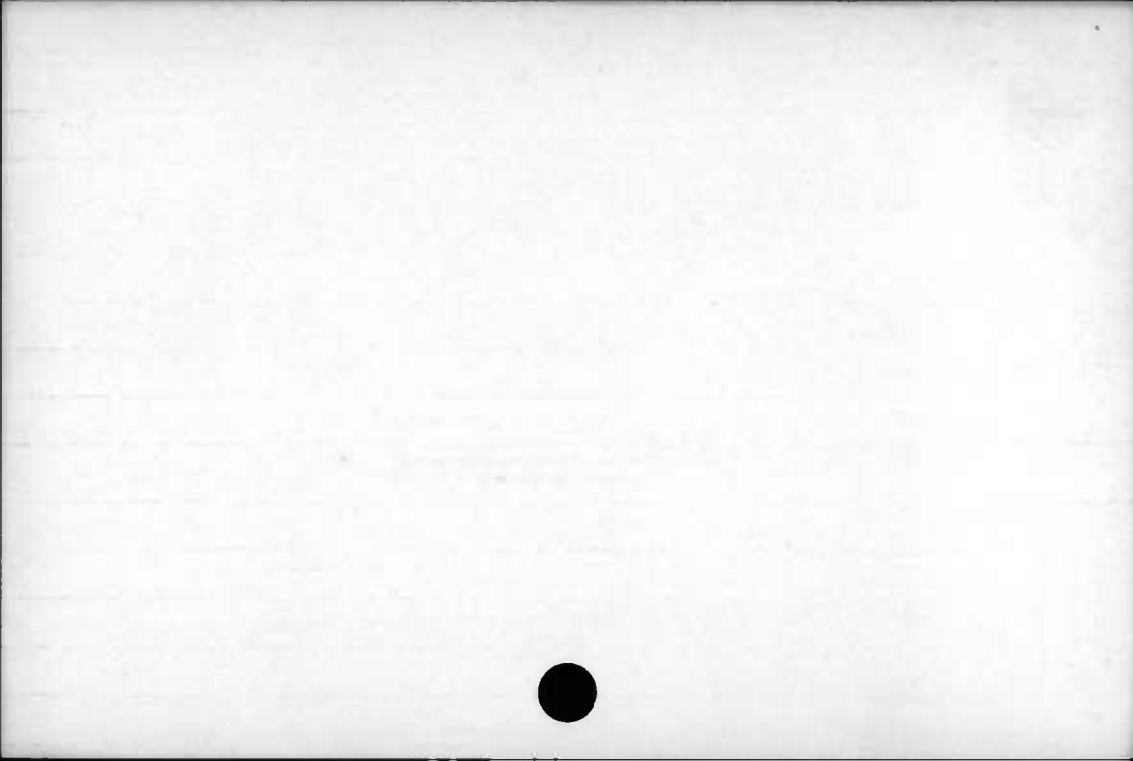
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Yellow Springs		Frederick					
Date of death	1903	Month	4	Day	12	Age	82
						Months	9
						Days	28
Sex	Male		Color or Race	White		Birth-place	Md.
Married, Single or Widowed	Widowed		Occupation	Retired Farmer,			
Name of Wife or Husband	Hester Preston						
Father's Name	George Beaga					Father's Birthplace	Md.
Mother's Maiden Name	Catharine Inghart					Mother's Birthplace	Md.
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Principal Cause	Chronic Bright's Disease		How long	Six years
Immediate Cause	Asthma & Coma		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	S. J. Haffner, M.D.
			Address	Frederick, Md.
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick.</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>8</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Wh</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>X</i>	Occupation <i>X</i>				
Name of Wife or Husband <i>X</i>					
Father's Name <i>Jas. P. Forsythe</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Fannie E. Taylor</i>			Mother's Birthplace <i>md</i>		
Name of person giving Information <i>Physician</i>			How related to deceased <i>Physician</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Atelectasis Pulmonary</i>	How long <i>from birth</i>
Immediate <i>Exhaustion</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Gooden md</i>
	Address <i>Frederick. md</i>
Accident or Suicide? <i>y</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDMiliard Antony Goiley  
Died at Roddy P.O. Frederick County

MARYLAND

Date of death 1903 Month April Day 12 Age 22 Years Months 2 Days

Sex Male Color or Race White Birth-place Roddy

Married Single or Widowed Occupation

Name of Wife or Husband

Father's Name Maymilhan Goiley Father's Birthplace Pa

Mother's Maiden Name Ella Annie Krott Mother's Birthplace Kent Co Md

Name of person giving information 105 How related to deceased

## CAUSES OF DEATH

Primary Chronic Indigestion &amp; Paralysis How long Four months

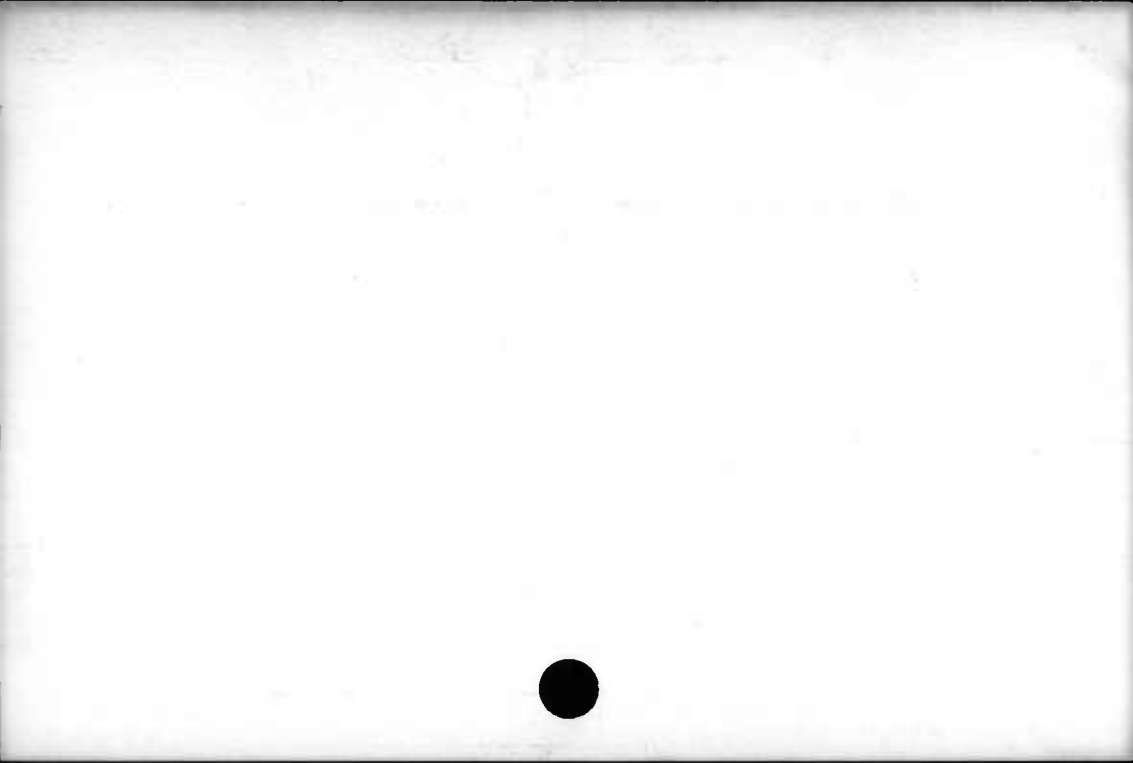
Immediate Broncho Pneumonia How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. C. Kefauver M.D.

Address Shermont, Maryland

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name In Full

Certificate of Death

Thomas Henry Graham

12

Died at <sup>near</sup> Town Woodville

County Frederick

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	April	11	20	5	11	Maryland	Lab -
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	

Husband of  
Wife

Father's Name Thos Graham

Mother's Name Ellen Graham

Cause of	Primary	How long sick
Death	Immediate Exhaustion	4 weeks
		Accident, Suicide, Homicide

Reported by David M. Devillies M.D.

Address Woodville Frederick Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Pauline Grinder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Breagerstown</i>		Town <i>Breagerstown</i>		County <i>Fredk</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Breagerstown</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>J. Frank Grinder</i>				Father's Birthplace <i>Breagerstown</i>			
Mother's Maiden Name <i>Florence M. Stansbury</i>				Mother's Birthplace <i>Uniontown</i>			
Name of person giving information <i>J. Frank Grinder</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Congestion of lungs</i>	How long <i>5 days</i>
Immediate <i>Follicular Tonsillitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. S. Young M.D.</i>
	Address <i>Breagerstown</i>
Accident or Suicide?	<i>Fredk Co.</i>



Name  
in  
Full

Emanuel Harshman

## CERTIFICATE OF DEATH

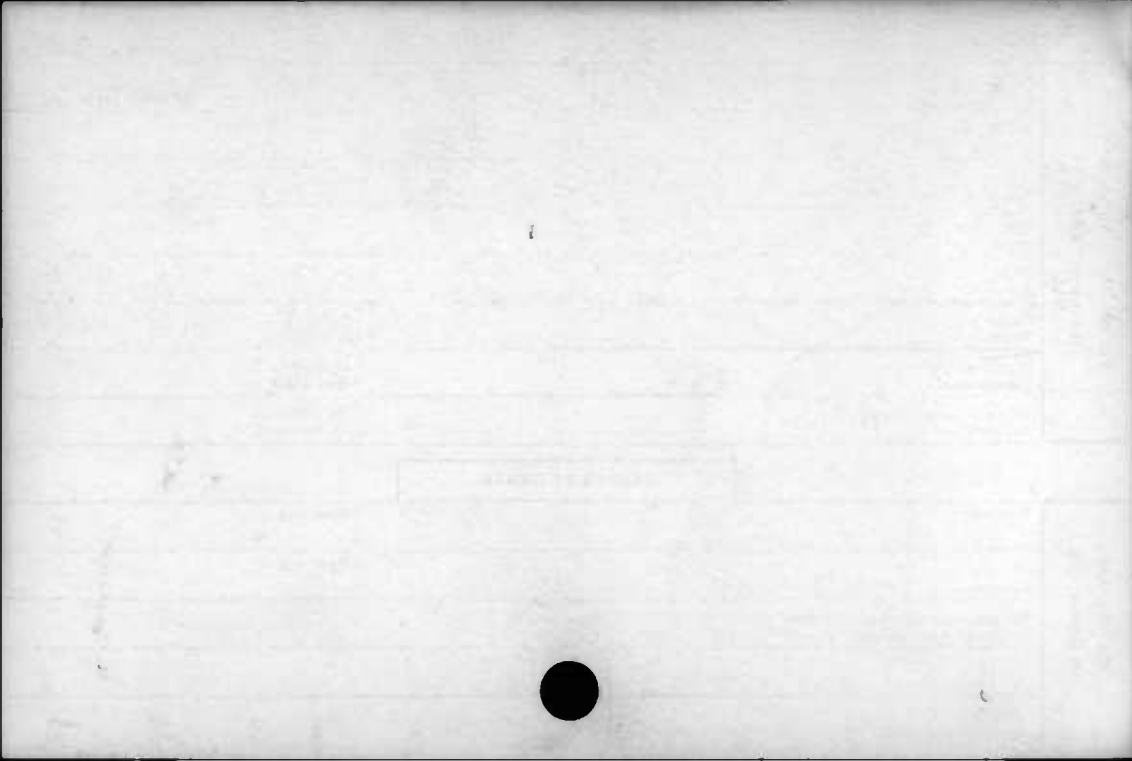
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Middle Point</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>April</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>58</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>	<i>12</i> <sup>Days</sup>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Wolfsville, Md</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Margaret J. Harshman (nee Harp)</i>					
Father's Name <i>Daniel Harshman</i>			Father's Birthplace <i>Wolfsville, Md</i>		
Mother's Maiden Name <i>Lydia Grossnickel</i>			Mother's Birthplace <i>Ellerton, Md</i>		
Name of person giving information <i>Margaret J. Harshman</i>			How related to deceased <i>wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Brights Disease</i>	How long <i>about 25 yrs.</i>
Immediate <i>Uraemia</i>	How long <i>about a week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Smith</i>
	Address <i>Wolfsville, Md.</i>
Accident or Suicide? <i>no</i>	



Name In Full

Certificate of Death

Roses H. Johnson

Died at <sup>Town</sup> Mt. Pleasant <sup>County</sup> Fredk. MARYLAND

Date 1913	Month 4	Day 18	Age 2	Y. 3	M. 3	D. 3	Native of County	Occupation
Male	<del>White</del>	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>				
<del>Female</del>	Colored	Single	Widower	Number of children living				

Husband of \_\_\_\_\_  
Wife

Father's Name H. Johnson

Mother's Maiden Name Mary Jane Martin

Cause of Primary

How long sick  
2 week

Death Immediate Intestinal hemorrhage.

Accident, Suicide, Homicide

Reported by J. J. Nicodemus

Address Harkersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs Anna M. Keefe*

Town *Fredrick* County *W.D.*

Died at *Fredrick*

Date of death 190 *3* Month *April* Day *4* Age *63* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Fredrick*

Married, Single or Widowed *Single* Occupation *House*

Name of Wife or Husband *Charles H. Keefe*

Father's Name *David Keefe* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Nephritis* How long *Several years*

Immediate *Exhaustion* How long *120*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. M. Thomas*

Address *Fredrick*

Accident or Suicide? *No*

Mt Olivet Cemetery-

2 o'clock

Monday April 6 1903

C. C. Carty  
F.R.



Name In Full

Certificate of Death

Amanda E. Kefauver

Town

County

Died at

Middletown

Frederick

MARYLAND

Date 19

03

Month

Apr

Day

21

Age

Y.

M.

D.

63-6-5

Native of

Ind

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

Husband of

Wife

Father's

Name

D. E. Kefauver

Mother's

Egnat Luyden

Maiden Name

Cause of

Primary

Badger's Disease

Death

Immediate

Venereal infection

How long sick

2 yrs

Accident, Suicide, Homicide

Reported by

E. L. Beckley Ind

Address

Middletown Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

22 C. Lee, undertaker

4

Ann E. Keller

Town

County

Died at

Middletown

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 4

Age 79 10-29

Md

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

William Keller

John Orr

Elizabeth Haupt

Chronic Bright Disease

Uremic Coma

How long sick

one year

Accident, Suicide, Homicide

Reported by

Address

A. A. Lamon, M.D.

Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Annie King

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mount Pleasant <sup>County</sup> Frederick

MARYLAND

Date of death 1903 <sup>Month</sup> 4 <sup>Day</sup> 16 <sup>Age</sup> 1 <sup>Years</sup> <sup>Months</sup> 3 <sup>Days</sup> 3

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Frederick Co

Married, Single or Widowed \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name Calvin Luther King

Father's Birthplace Frederick Co

Mother's Maiden Name Mary Susan Meier

Mother's Birthplace Frederick Co

Name of person giving information Grand Father

How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Whooping cough <sup>and</sup> Pneumonia

How long two weeks

Immediate Abscess of Brain

How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Leib

Henry Beimbink

Address Mount Pleasant

Sub Registrar

Frederick County Md



Name in Full		Mary J. King				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Mount Pleasant		<sup>County</sup> Frederick		MARYLAND		
		Date of death 1903	Month 4	Day 1	Age 3	Years 3	Months 4	Days 19
		Sex Female		Color or Race White		Birth- place Met Pleasant		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		Belvin L. King		Father's Birthplace		Frederick Co
Mother's Maiden Name		Mary S. Mullen		Mother's Birthplace		Frederick Co		
Name of person giving information		Father		How related to deceased				

### CAUSES OF DEATH

PHYSICIAN OR CORONER		Primary		Measels Whooping cough		How long		3 weeks
		Immediate		Congestion of Lungs		How long		six hours
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Joseph H. Leib
		Address		Henry Beimbrink		Mount Pleasant		
		Accident or Suicide?		Sub Registrars		Frederick County, Md		





Name In Full

Certificate of Death

Harry B. M. Larr

Died at

Town Frederick County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

april 21st Age 1 2 19

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79895

Mt Olivet Cemetery

Apr 24 1900

C. C. Bailey-

20

Name  
in  
Full

Franklin Lee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montross</i> <small>Town</small>		<i>Providence</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>April</i> <small>Month</small>	Day <i>18</i>	Age <i>76 1/2</i> <small>Years</small>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color <i>sd</i>		Birth-place <i>Dorchester Co. Md.</i>		
<del>Married, Single</del> <input checked="" type="checkbox"/> Widowed			Occupation <i>Labourer.</i>		
Name of Wife or Husband <i>✓</i>					
Father's Name <i>✗</i>			Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>✓</i>			Mother's Birthplace <i>✓</i>		
Name of person giving information <i>W. S. Vanfossen - clerk.</i>			How related to deceased <i>✓</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age - Paralysis</i> <i>66</i>	How long <i>✓</i>
Immediate <i>&amp; hemorrhage</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Second St W.</i>
<del>Accident or Suicide?</del>	



Name  
in  
Full

William Macafee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>24</i>	Age <i>1</i>	Years <i>1</i>	Months <i>3</i>	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Frederick</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>child</i>					
Name of Wife or Husband							
Father's Name <i>Isaac Mc Afee</i>				Father's Birthplace			
Mother's Maiden Name <i>Ellen Linton</i>				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>8 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris A. Berish</i>
	Address <i>Thurmont Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Orpha Elanore Miller

Town

County

Died 4 miles South of Middletown Luedenbach

MARYLAND

Date 1903 Apr 17 | Age 1-5-14 | Native of Ind | Occupation none

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of

Wife

Father's Name Lorenzo T. Miller | Mother's Maiden Name Ellen T. Clipp

Cause of Death { Primary Pneumonia | How long sick 11 days

Death { Immediate Heart failure | 93 | Accident, Suicide, Homicide

Reported by

Address

E L Beckley In D

Middletown Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892

H. C. Peete, underlapper



Name in Full <b>Louise E Mills</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Brunswick</b> <small>Town</small>		<b>Frederick</b> <small>County</small>
	Date of death 190 <b>3</b> <small>Month</small> <b>April</b> <small>Day</small> <b>23</b>		<b>Age</b> <b>21</b> <small>Years</small>
	Sex <b>Female</b>		<b>Birth-place</b> <b>Brunswick</b>
	Married, Single or Widowed <b>single</b>		Occupation <b>none</b>
	Name of Wife or Husband		
	Father's Name <b>Chas Mills</b>		Father's Birthplace <b>md</b>
	Mother's Maiden Name <b>Louise E Fouch</b>		Mother's Birthplace <b>md</b>
Name of person giving information <b>Sarah E Fouch</b>		How related to deceased <b>Grand mother</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Muscles &amp; Broncho pneumonia</b>		How long <b>5 days</b>
	Immediate <b>Heart Failure</b>		How long <b>12 hours</b>
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>A. G. Horning</b>
			Address <b>Brunswick, Md</b>
Accident or Suicide?			



Name  
in  
Full

Mrs Barbara Morse

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Pinderich <sup>Town</sup> City		Pinderich <sup>County</sup>		MARYLAND	
Date of death 1903	Month 4	Day 29	Age 72	Years	Months +	Days +	
Sex Female	Color or Race White		Birth-place Co -				
Married, Single or Widowed Married			Occupation Housewife				
Name of Wife or Husband M. P. Morse							
Father's Name George Lease			Father's Birthplace Co				
Mother's Maiden Name Amy C. Ulbrich			Mother's Birthplace Co				
Name of person giving information Mrs Lucy Yinger			How related to deceased Sg				

## CAUSES OF DEATH

Primary	Obstruction of Bowels	How long 108	10 Days
Immediate	Exhaustion	How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Franklin Buchanan Smith  
Pinderich Md

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Pearl* Town *Fredrick Co* County

MARYLAND

Date of death 190*3* Month *April* Day *8* Age *one* Years Months DaysSex *Male* Color or Race *White* Birth-place *Pearl*Married, Single or Widowed *—* OccupationName of Wife or Husband *—*Father's Name *Wm E Murphy* Father's Birthplace *Pearl*Mother's Maiden Name *Mary Phelps* Mother's Birthplace *Pearl*Name of person giving information *Franklin A. Mother* How related to deceased

## CAUSES OF DEATH

Primary *Mal Nutrition* *151* How longImmediate *Exhaustion* How long *over month*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. G. Thomas*Address *Fredrick MD*

Accident or Suicide?

PHYSICIAN  
OR CORONER

Interment at  
Mt Carmel  
Apr 10 1903

---

C. C. Carty-  
J. D.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montgomery</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup> <i>Co Md</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>21</i>	Age <i>70 (E)</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>W</i>		Birth-place <i>Montgomery Md</i>		
<del>Married, Single or Widowed</del>	<i>Single</i>		Occupation <i>None</i>		
Name of Wife or Husband <i>+</i>					
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information			How related to deceased <i>Don't know</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>66</i>
Immediate <i>Chaustrum</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Second St W.</i>
<i>Attest: J. C. Smith</i>	<i>over</i>

Internment at Government Rem.

" April 23, 1903

A. F. Rice & Sons,



Name in Full

Certificate of Death

Benjamin Hickols

Town

County

Died at Braddock

Frederick

MARYLAND

Date 1903 April 11 Y. M. D. Native of Ind Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widower ~~Divorced~~

Number of children living

Husband of

Wife

Father's Name Henry Hickols

Mother's Name Mary Good

Cause of Death Primary Age 154

How long sick

Death Immediate General Failure of vital powers Accident, Suicide, Homicide

Reported by H. C. Lute (Undertaker)

Address Frederick Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(over)  
LIBRARY BUREAU, 65958

Was not attended by a  
physician - information  
obtained from family  
to be Buried at  
Middlesex

Alexander Nobaud

Town

County

Died at

Friedrich

Friedrich

MARYLAND

Date

1903

Month

4

Day

25

Age

80

Y.

M.

D.

Native of

Friedrich Co

Occupation

Blacksmith

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living 2

~~Husband~~

of

Georgiana Jurisai

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Hemorrhage

85

How long sick

Accident, Suicide, Homicide

Reported by

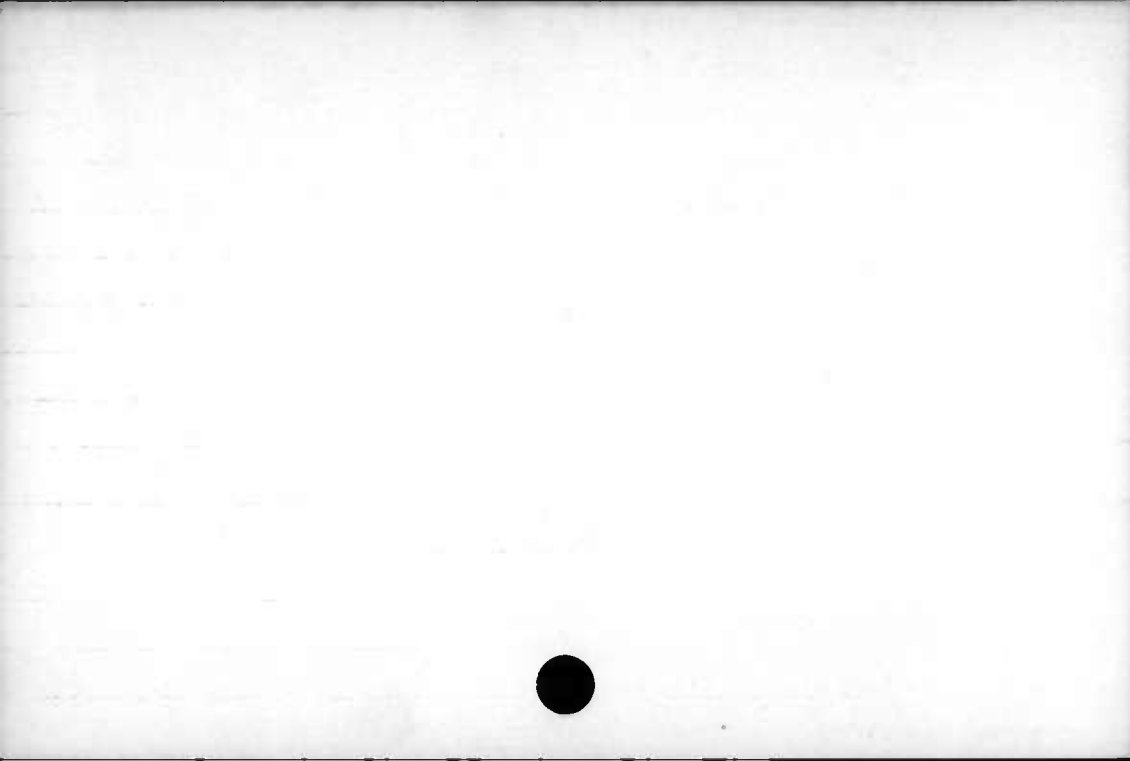
C. C. Cooley

Funeral Director

Address



Name in Full		Joanna Oden				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		County		MARYLAND		
		Frederick.		Frederick				
		Date of death 190	Month	Day	Years	Months	Days	
		3	4	22	81	7	0	
		Age	81					
		Sex	Female		Color or Race	White		Birth-place
Married, Single or Widowed		Widow		Occupation		H.W.		
Name of <del>deceased</del> Husband		John Oden deceased						
Father's Name		Henry Howell				Father's Birthplace	Mass	
Mother's Maiden Name		Mary Gifford				Mother's Birthplace	Mass	
Name of person giving information		Annie Oden				How related to deceased	daughter	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Annie Debility		How long	2 mos	
		Immediate		Exhaustion		How long	2 days	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. F. Gordan md
						Address		Frederick, Md.
Accident or Suicide?		no						



Name  
in  
Full

George Thomas Pintney

## CERTIFICATE OF DEATH

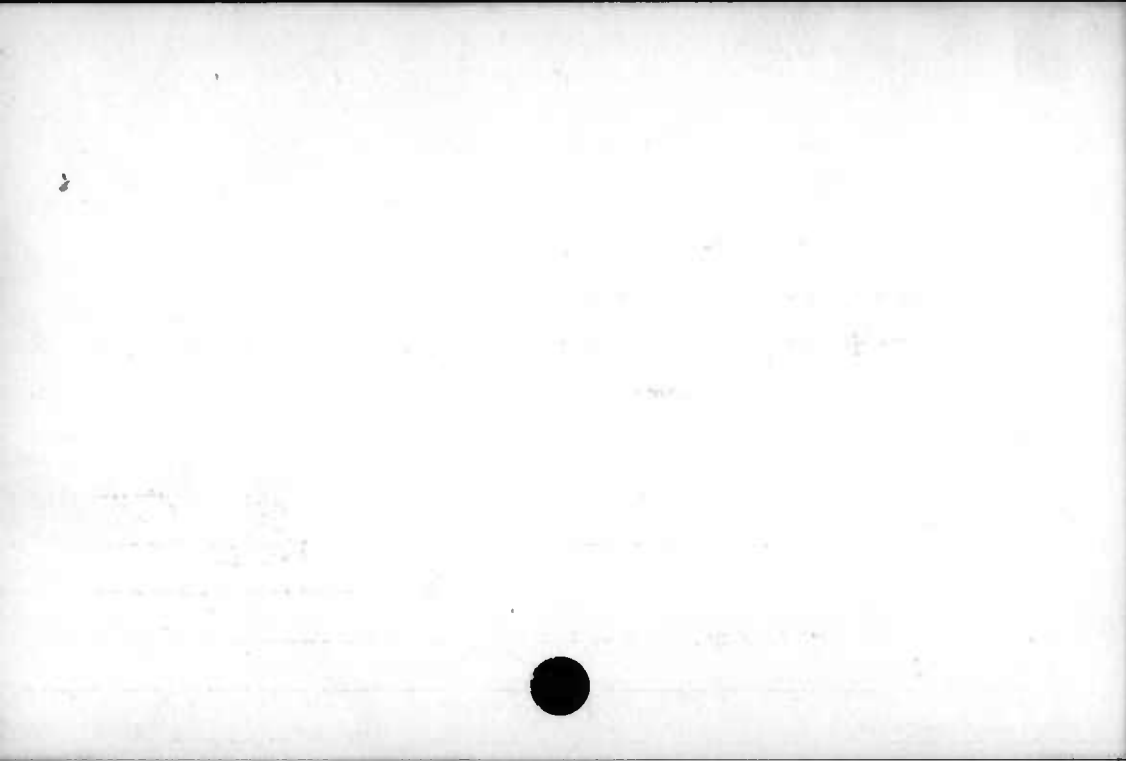
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>			<i>Frederick</i> <small>County</small>			MARYLAND		
Date of death 190 <i>3</i> <small>Month</small>		<i>27</i> <small>Day</small>	Age <i>16</i> <small>Years</small>		<i>3</i> <small>Months</small>	<i>15</i> <small>Days</small>		
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Waiter</i>					
Name of Wife or Husband								
Father's Name <i>George D. Pintney</i>				Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Ellen Blagston</i>				Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>George D. Pintney</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>5 days</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>Indefinite</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. W. Bourne</i>	
		Address <i>57 All Saint St Frederick, Md.</i>	
Accident or Suicide?			





Millard F Poole

Died at <sup>Town</sup> Sabillasville <sup>County</sup> Frederick

MARYLAND

Date 1903 April 4 Age 3. 0 1/3 Native of Sabillasville Occupation \_\_\_\_\_

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Lawson P. Poole

Mother's Maiden Name Annie Ott

Cause of Death { Primary Pneumonia

Death { Immediate

How long sick

2 weeks,

Accident, Suicide, Homicide

Reported by

Dr C. L. Hatcher

Address

Sabillasville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marlton</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>20</i>	Age <i>32</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>W.D.</i>	
Married, <i>Single</i> or <i>Widowed</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>Mary C. Price</i>					
Father's Name <i>+</i>			Father's Birthplace <i>7</i>		
Mother's Maiden Name <i>+</i>			Mother's Birthplace <i>7</i>		
Name of person giving information <i>W. S. Van Voorsum. Clerk.</i>			How related to deceased <i>7</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Posterior Spinal Sclerosis</i>	How long <i>Don't know</i>
Immediate <i>L. Hansen</i>	How long <i>+</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Arcand St W.</i>
Accident or Suicide?	



Name in Full		Name Rickards				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		near Frederick		Frederick					
		Date of death 1903	Month 4	Day 1	Age	Years	Months	Days 8	
		Sex	Female		Color or Race	White		Birth- place	Maryland
		Married, Single or Widowed	Single		Occupation				
		Name of Wife or Husband							
		Father's Name				Father's Birthplace			
		Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		E. T. Schneider			How related to deceased		None		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary			How long				
		Exhaustion			151				
		Immediate			How long				
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
		Address			Edmund T. Schneider				
					Under Secretary				
					Frederick Dick				
Accident or Suicide?									



Name in Full		Milton Bridgely				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Liberty		County Frederick		MARYLAND
	Date of death 1903		Month April		Day 16		Age About 60
	Sex Male		Color or Race Black		Birth- place Not Known		
	Married, Single or Widowed		Married		Occupation Laborer		
	Name of Wife or Husband Mary Green						
	Father's Name Joshua Bridgely				Father's Birthplace Not Known		
	Mother's Maiden Name Do not know				Mother's Birthplace Not Known		
	Name of person giving In formation Margaret Lamsel				How related to deceased None		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Paralysis		How long 1 Year		
	Immediate		Heart Failure		How long Immediate		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Thomas Smith				
	As only as Known		Address Liberty Town Md.				
	Accident or Suicide?						





Name in Full		John Henry Roberts				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Frederick	County Frederick		MARYLAND		
		Date of death 190		3	Month April	Day 5th	Age 24	Months 3	Days 21
		Sex		Male		Color or Race Colored		Birth-place Frederick	
		Married, Single or Widowed		Single		Occupation _____			
		Name of Wife or Husband							
		Father's Name			John Henry Roberts		Father's Birthplace Frederick		
		Mother's Maiden Name			Arnell Sydney		Mother's Birthplace Frederick Co.		
Name of person giving information			Arnell Sydney Roberts			How related to deceased Mother			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Pulmonary Consumption				About 12 mos.			
		Immediate				How long			
		Exhaustion, Cardiac Weakness				2 weeks			
		Are the name, age, sex, color, date and place correctly given above?				Yes			
		Signature of Physician		Dr. U. G. Bourn					
		Address		52 W. All Saint St. Frederick, Md.					
		Accident or Suicide?							



TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Maria Roberts				CERTIFICATE OF DEATH	
	Died at		Town		County		MARYLAND	
	Date of death 1903		Month		Day		Years	
	10		Apr		16		Age 34	
	Sex		Color or Race		Birth-place		Months	
	Female		Black		—		Days	
	Married, Single or Widowed		Occupation					
	Name of Wife or Husband		Died					
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace		
Name of person giving information		179		How related to deceased				

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		How long
	Died (died) had had 5 hours		1000 20
	Immediate		How long
	Paralysis of heart		1000 6
	Are the name, age, sex, color, date and place correctly given above?		X
Signature of Physician		Address	
S. S. Maynard		17 Second St	
Accident or Suicide?			



Name in Full <b>Catharine A. Roderick</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Frederick</b> <small>Town</small>		<b>Frederick</b> <small>County</small>
	Date of death 190 <b>3</b> <small>Month</small> <b>April</b> <small>Day</small> <b>25</b>		Years <b>68</b> Months <b>3</b> Days <b>1</b>
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Md.</b>
	Married, Single or Widowed <b>Widow</b>		Occupation <b></b>
	Name of Wife or Husband <b>John Roderick, dec'd.</b>		
	Father's Name <b>John J. Souffler</b>	Father's Birthplace <b>Md.</b>	
	Mother's Maiden Name <b>Catharine Shope</b>	Mother's Birthplace <b>Md.</b>	
Name of person giving information <b>Mollie Roderick</b>		How related to deceased <b>Daughter</b>	
<b>CAUSES OF DEATH</b>			
PHYSICIAN OR CORONER	Primary <b>Paralysis</b>	How long <b>12 days</b>	
	Immediate <b>Asthma</b>	How long <b>66</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>L. J. Hagler, M.D.</b>	
		Address <b>Frederick Md.</b>	
	Accident or Suicide?		



Lizzie Nailor Russell

Town

County

Died at

Della

Fred

MARYLAND

Date	1905	Month	Day	Y.	M.	D.	Native of	Occupation
		Apr	11				Ida	Housewife
				Age	20			
				Married			Widow	
				Single			Widower	
							Number of children living	0

Husband of Robert Russell

Wife

Father's Name Henry Nailor

Mother's Maiden Name Charlotte Nelson

Cause of Death { Primary Acute Septic Endometritis

How long sick 6 days

Death { Immediate

Accident, Suicide, Homicide -

Reported by T. P. Clyde Foulson M.D.

Address Buckleytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Baker T. Silence

13,

Town

County

Died at

Spinnerville

Frederick

MARYLAND

Date

1903.

Month

Day

4

14

Age

Y.

M.

D.

85 - 3 - 5

Native of

U.S.

Occupation

Shoemaker

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

1

Husband

of

Susan Peters

~~Wife~~

Father's

Name

Richard Silence

Mother's

Name

Elizabeth Silence

Cause of

Primary

Arterio Sclerosis &amp; aneurysm

How long sick

3 months

Death

Immediate

Exhaustion

81

~~Accident, Suicide, Flood, etc.~~

Reported by

Dr. Geo. H. Riggs

Address

Spinnerville

Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

- 9



Name  
in  
Full

Roseanna C Simmons

## CERTIFICATE OF DEATH

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>15</i>	Age <i>82</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Married, Single <input checked="" type="checkbox"/> Widowed			Occupation				
Name of <del>Wife</del> Husband <i>John A. Simmons</i>							
Father's Name <i>John Fessler</i>				Father's Birthplace <i>Frederick</i>			
Mother's Maiden Name <i>Susan Barr</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>John A. Simmons</i>				<i>154</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

Primary	<i>General weakening down from age</i>	How long	<i>six months</i>
Immediate	<i>Pulmonary Aneurism due to failure of heart</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm Crawford Johnson</i>	
		Address <i>Frederick MD</i>	
Accident or Suicide?		<i>No</i>	

Mt Olivet Cemetery

Monday 20

C. C. Carley

Name  
in  
Full

John N Smith

## CERTIFICATE OF DEATH

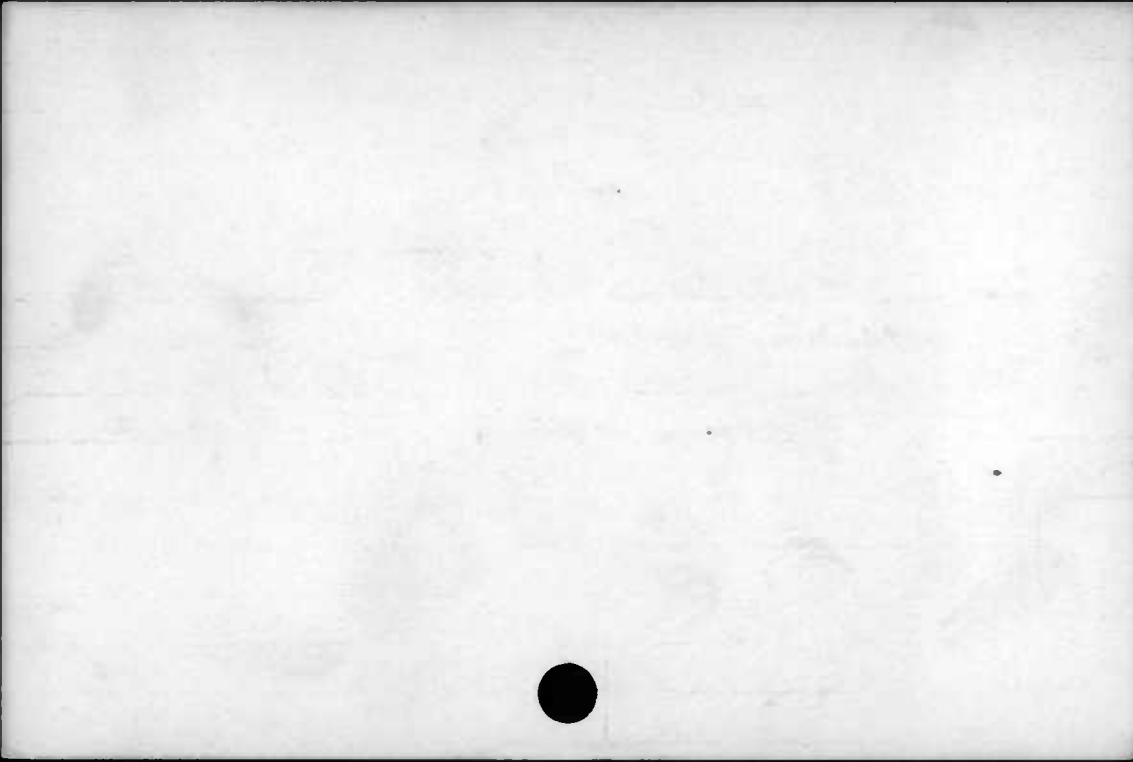
Died at <u>Frederick</u> <sup>Town</sup>			<u>Frederick</u> <sup>County</sup>			MARYLAND	
Date of death 190 <u>3</u>	Month <u>4</u>	Day <u>28</u>	Age <u>—</u> Years	Months <u>6</u>	Days <u>18</u>		
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Frederick Md</u>			
Married, Single or Widowed <u>X X</u>			Occupation <u>X X</u>				
Name of Wife or Husband <u>X X</u>							
Father's Name <u>Charles F. Smith</u>				Father's Birthplace <u>Frederick Md</u>			
Mother's Maiden Name <u>Addie Fowler</u>				Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>Addie Smith</u>				How related to deceased <u>Mother</u>			

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary <u>Cerebral Pneumonia</u>	How long <u>3 days</u>
Immediate <u>&amp; hemorrhage</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. Lang</u>
	Address <u>37 E. Patrick St</u>
Accident or Suicide? <u></u>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Victor a Staley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 190		3	Month April	Day 4	Age	28	Years Months 1
Sex Male		Color or Race White		Birth- place			
Married, Single or Widowed		Married		Occupation US Letter carrier			
Name of Wife or Husband D Catharine Frost							
Father's Name Jonathan Staley				Father's Birthplace Frederick Co			
Mother's Maiden Name Jane Shook				Mother's Birthplace Frederick Md			
Name of person giving information Mrs Henry Abbott				How related to deceased Sister			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cirrhosis of Liver (Biliary)		How long ?	
Immediate Heart failure, & due to <sup>degeneration</sup> effort at		How long ?	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M <sup>rs</sup> Crawford	
Address		Frederick Md	
Accident or Suicide?		No	

Mt O Cemetery

10 30 am Monday

Apr 6 - 1902

G. G. Bailey  
75



Name  
in  
Full

Henry Clay Stauffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Walkersville</i> <sup>Town</sup> <i>Fredrick</i> <sup>County</sup>		MARYLAND			
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>26</i>	Age <i>51</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Walkersville, Md</i>			
Married, <del>Some</del> <i>Married</i>		Occupation <i>Merchant, Dairyman &amp; farmer.</i>			
Name of Wife or Husband					
Father's Name <i>Henry Stauffer</i>			Father's Birthplace <i>Walkersville Md</i>		
Mother's Maiden Name <i>Matilda Wagner.</i>			Mother's Birthplace <i>Montgomery Co. Md.</i>		
Name of person giving information <i>J. J. Nicodemus</i>			How related to deceased <i>In no way.</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral hemorrhage</i> <i>Cel</i>	How long <i>4 years.</i>
Immediate <i>&amp; unknown</i>	How long <i>5 to 6 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Nicodemus M.D.</i>
	Address <i>Walkersville Md.</i>
Accident or Suicide?	

9



Name  
in  
Full

Mary Stevens

## CERTIFICATE OF DEATH

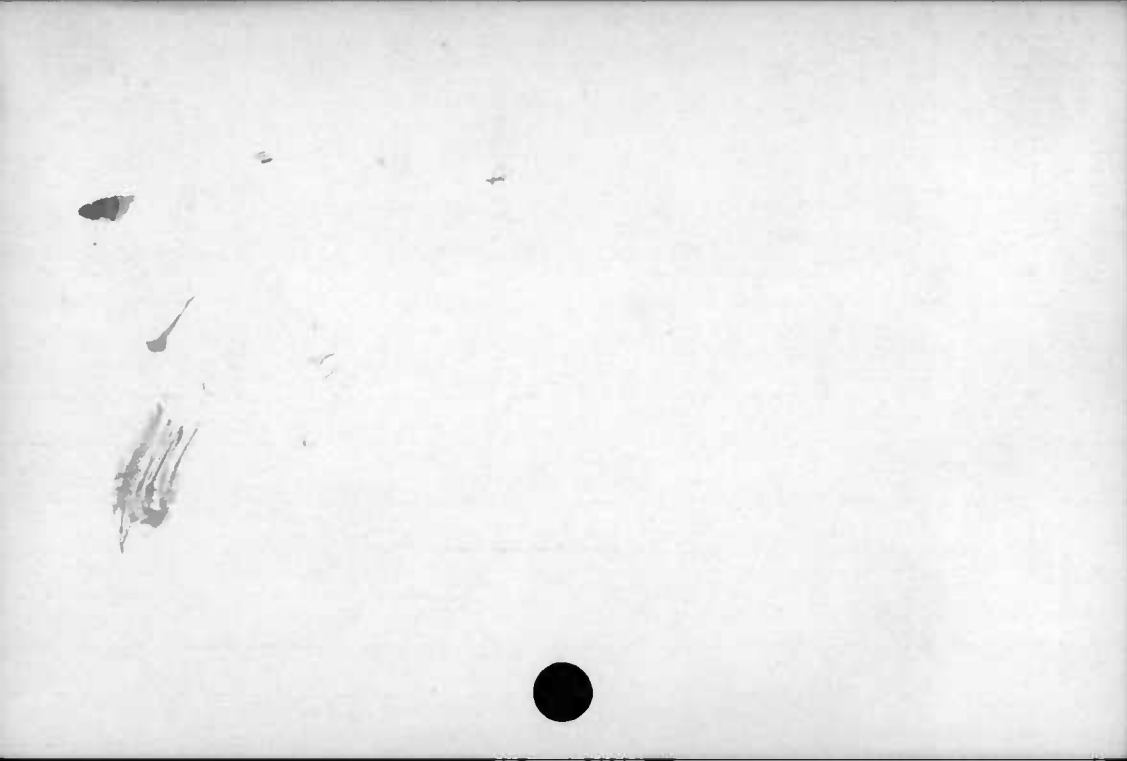
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Not Pleasant</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	1903	Month	<u>Apr</u>	Day	<u>9</u>
Age		Years		Months	Days
<u>40</u>					
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Married, <u>Yes</u>	Occupation		<u>Home wife</u>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<u>David Brown</u>			<u>Frederick</u>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
<u>Dr E W Stone</u>			<u>None</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary Consumption</u>	How long
Immediate	<u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		<u>E W Stone</u>
		Address
Accident or Suicide?		



Name  
in  
Full

Samuel Sumner

## CERTIFICATE OF DEATH

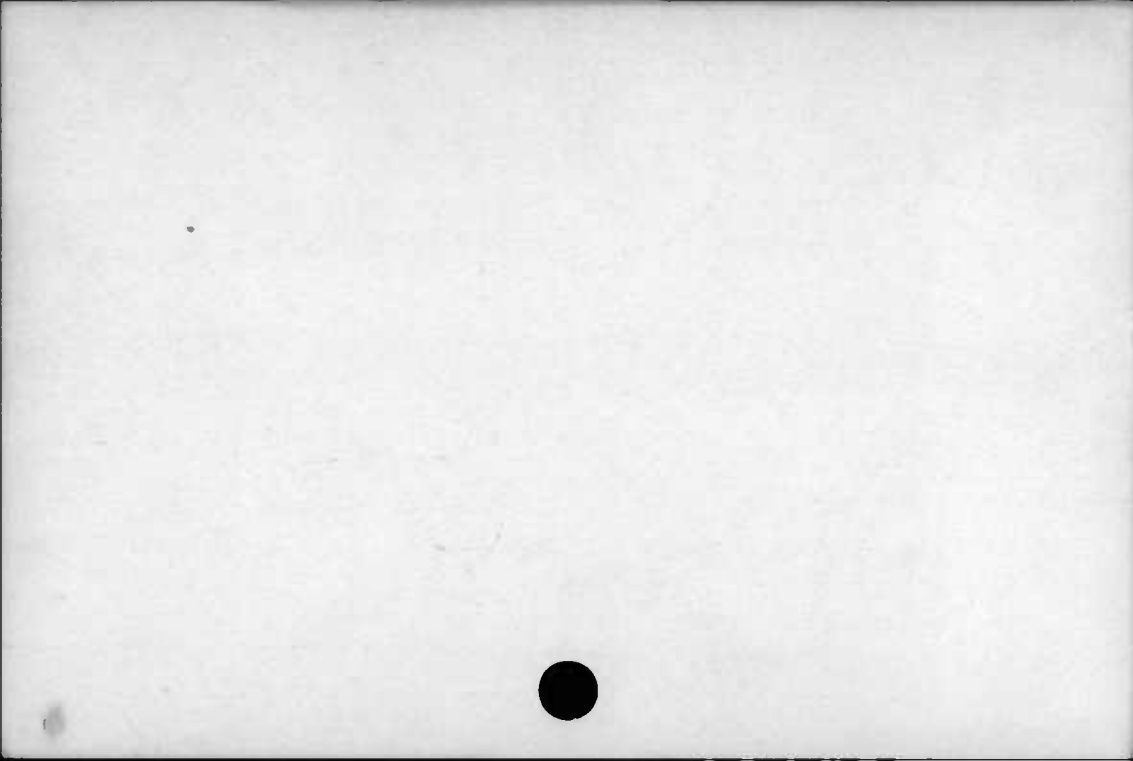
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 1903		Month April	Day 13	Years Age 42		Months	Days
Sex Male		Color or Race White		Birth- place Md.			
<del>Married, Single or Widowed</del>		Single		Occupation Machinist			
Name of Wife or Husband							
Father's Name Isaac P. Sumner				Father's Birthplace Md.			
Mother's Maiden Name Mary C. Benson				Mother's Birthplace Md.			
Name of person giving Information Frank Sumner				How related to deceased Brother			

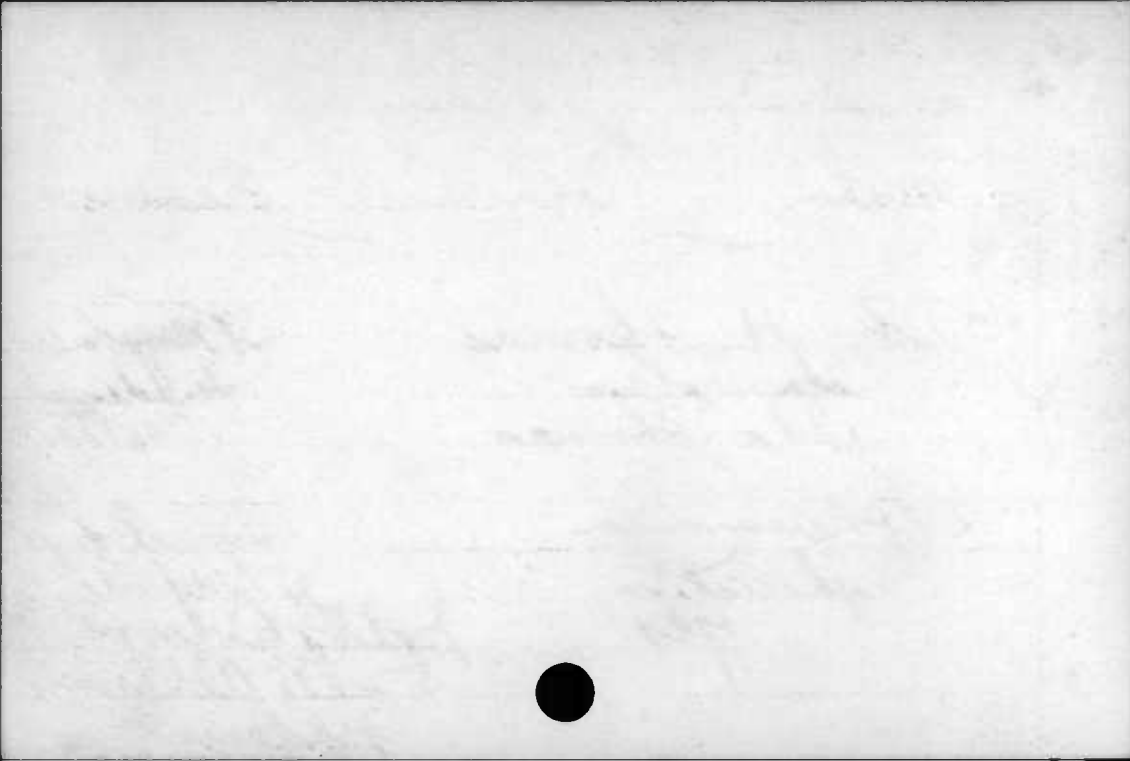
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Nephritis 120	How long	?
Immediate	Uremic Coma	How long	?
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. Campbell, M.D.	
		Address Frederick Md.	
Accident or Suicide?		Patient only under observation 12 hours	

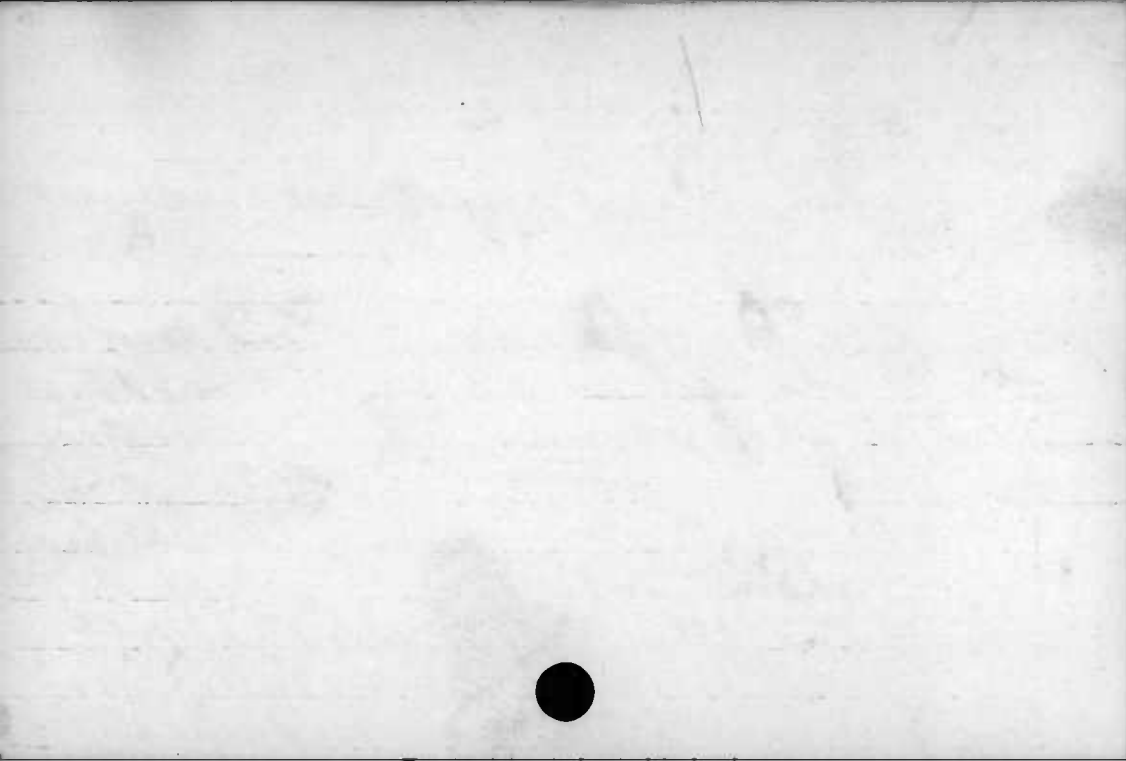


Name in Full		<i>Sophia Thaler</i>				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Brown</i> Town		<i>Brown</i> County		MARYLAND		
		Date of death 190 <i>3</i>		Month <i>Oct</i>	Day <i>4</i>	Years <i>72</i>	Months <i>4</i>	Days <i>25</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		
		Married, Single or Widowed <i>Widow</i>		Occupation <i>House-keeper.</i>				
		Name of <del>Wife</del> Husband <i>Edward Thaler</i>						
		Father's Name <i>C. H. Dunkhorst.</i>				Father's Birthplace <i>Germany</i>		
		Mother's Maiden Name <i>Catherine M.</i>				Mother's Birthplace <i>Germany</i>		
		Name of person giving information <i>Fredt Heinlein</i>				How related to deceased <i>Brother in Law.</i>		
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <i>Angina Pectoris</i> <i>80</i>				How long		
		Immediate <i>Paralysis of heart</i>				How long <i>1/2 hour.</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>				Signature of Physician <i>S. S. Maynard.</i>		
						Address <i>17 Second St N.</i>		
		<i>Accident</i> <del><i>Suicide</i></del>						





Name in Full		Theodore R Thomas				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Frederick	County Frederick	MARYLAND		
		Date of death 1903		Month Apr.	Day 3rd	Age —	Years —	Months 1
		Sex male		Color or Race Colored		Birth-place Frederick		
		Married, Single or Widowed —				Occupation —		
		Name of Wife or Husband —						
		Father's Name Hon H. Thomas				Father's Birthplace St Marys Co Md		
		Mother's Maiden Name Ida Tyler				Mother's Birthplace Frederick		
PHYSICIAN OR CORONER		Name of person giving information Ida Thomas				How related to deceased Mother		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary Pneumonia				How long Several days		
		Immediate Exhaustion 93				How long Undeclared		
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Dr. W. G. Boland		
		Address 52 N. All Saint Frederick						
		Accident or Suicide?						



Name in Full		Charlotte B. Thrasher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Near Jefferson		Frederick				
		Date of death 1903	Month	Day	Age	Years	Months	Days
		April		1st	52	—		29
		Sex	Color or Race	Birth-place				
		Female		White		Frederick Co		
		Married, Single or Widowed		Occupation				
Married		House Wife						
Name of Wife or Husband		Thomas S. Thrasher						
Father's Name		Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		How related to deceased						

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid Pneumonia		How long	14 days
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		D. H. B. Gross		
Address		Jefferson			
Accident or Suicide?		Frederick Co Md			



Name In Full

Certificate of Death

Stanley Bachter

Town

County

Died at

Adamsstown

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

4

21

Age

19

7

Md

Clerk.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Eugene A Bachter

Mother's

Maiden Name

Addie K Green

Cause of

Primary

Typhoid fever

How long sick

3 weeks

Death

Immediate

Paratyphoid

Accident, Suicide, Homicide

Reported by

O. H. Conley

Address

Adamsstown  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Elizabeth Harriet

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Haltersville</i> Town			<i>Frederick</i> County			MARYLAND	
Date of death 1903		Month <i>4</i>	Day <i>11</i>	Age <i>79</i>	Years	Months <i>10</i>	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Daysville, Md.</i>			
Married, Single <del>or Widowed</del>				Occupation <i>domestic</i>			
Name of Wife or Husband _____							
Father's Name						Father's Birthplace _____	
Mother's Maiden Name <i>Biddinger</i>						Mother's Birthplace _____	
Name of person giving information <i>J. Mcodemus</i>						How related to deceased <i>in no way</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis (Cerebral hemorrhage)</i>		How long <i>month</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Mcodemus</i>	
		Address <i>Haltersville Md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Brunswick</i>		County <i>Indurick</i>		MARYLAND	
Date of death 190	3	Month <i>April</i>	Day <i>29</i>	Age <i>34</i>	Years	Months <i>10</i>	Days <i>20</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Va</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>Engineer</i>					
Name of Wife or Husband <i>Jimmie Starks</i>							
Father's Name <i>Joseph R Webb</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Elizabeth Thompson</i>				Mother's Birthplace <i>Va</i>			
Name of person giving In formation <i>Mrs Joseph Webb</i>				How related to deceased <i>wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long
Immediate <i>Typhoid fever</i>	How long <i>20 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. G. Honinger</i>
	Address <i>Brunswick, Va</i>
Accident or Suicide?	



Edward D. Meddle,

Town

County

Died at FrederickFrederick

MARYLAND

Date 11/13 Month 4 Day 8 Y. 1 M. 2 D. 7 Native of Frederick Occupation Chieft.  
 Male White Married Widow Divorced Female Colored Single Widower Number of children living       

Husband of  
 Wife       

Father's Name Edward D. Meddle

Mother's Name Cora L. Meddle

Cause of Death { Primary Commissions

How long sick 4 months

Death { Immediate Cerebral Paralysis

Accident, Suicide, Homicide

Reported by N. Y. Lehmann M.D.

Address Frederick Md.



### Certificate of Death

Sarah Elizabeth Middle

Died at *Ellerton* *Bedford*

MARYLAND

1903 Date 189	Month 4 Day 14	Y. 38 M. 6 D. 18	Native of Md.	Occupation Housewife
Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living 5

Husband of *Martin Luther Middle*  
 Wife  
 Father's Name *Wentworth Spooner* Mother's Name *Rebecca Hoover*

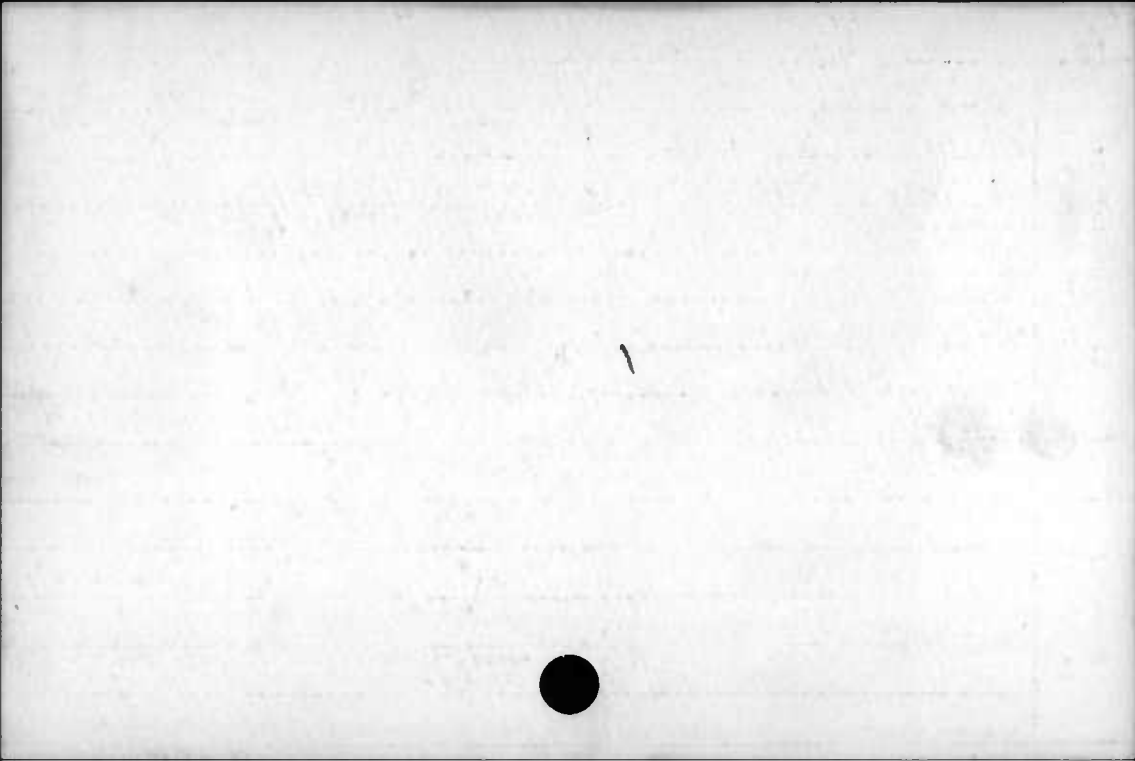
Cause of	Primary	La Grippe	How long sick	17 days
Death	Immediate	Heart Failure	Accident, Suicide, Homicide	

Reported by Ralph Brownning  
Address Missville, Miss.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

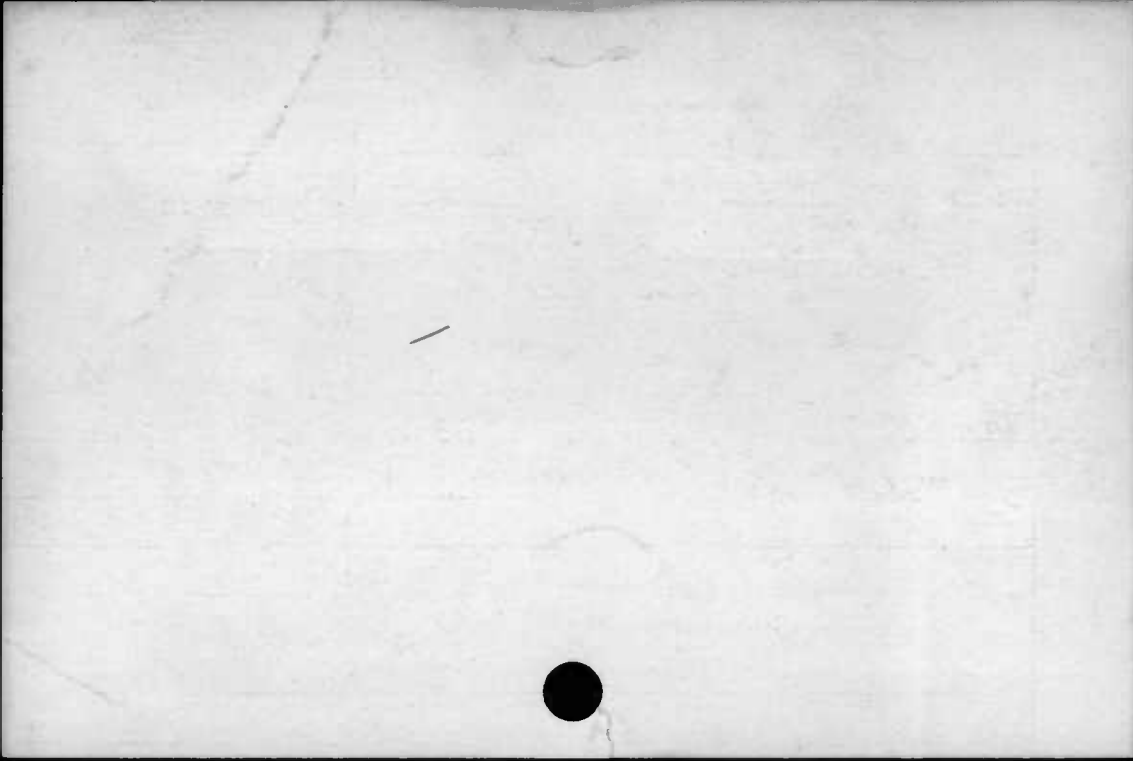


Name in Full <b>Peter Weiskircher</b>		CERTIFICATE OF DEATH	
Died at <b>Brunswick</b> Town		County <b>Fredricks</b>	
Date of death 190 <b>3</b> Month <b>4</b> Day <b>9</b>		Age <b>60</b> Years Months Days	
Sex <b>Male</b>		Color or Race <b>White</b>	
Married, Single or Widowed <b>Married</b>		Occupation <b>Saloon Keeper</b>	
Name of Wife or Husband <b>Jennie Hayes</b>		Father's Birthplace <b>Germany</b>	
Father's Name <b>Nicholas Weiskircher</b>		Mother's Birthplace <b>Germany</b>	
Mother's Maiden Name <b>Mary Wise</b>		How related to deceased <b>Wife</b>	
Name of person giving information <b>Jennie Weiskircher</b>			
CAUSES OF DEATH			
Primary		How long	
Immediate <b>Killed by pistol shot</b>		<b>at once</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>A. G. Horne</b>	
		Address <b>Brunswick Md</b>	
Accident or Suicide?			





Name in Full		Chas E. Whitson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rocky Ridge	County Frederick		MARYLAND	
	Date of death 190	3	Month April	9	Day	Years 28	Months 0
	Sex male		Color or Race white		Birth- place		
	Married, Single or Widowed		Married		Occupation Labour		
	Name of Wife or Husband						
	Father's Name James A Whitson				Father's Birthplace		
	Mother's Maiden Name Catherine Dwyer				Mother's Birthplace		
Name of person giving information					How related to deceased		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis				How long 1 year		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician Morris A Birby		
					Address Thurmont Md.		
Accident or Suicide?							



Name  
in  
Full

Charles E. Wilhite

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Egless Valley</i> <small>Town</small>		<i>B</i> <small>County</small>		MARYLAND			
Date of death 190	<i>3</i> <small>Month</small>	<i>April</i> <small>Day</small>	<i>18</i> <small>Age</small>	<i>3</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>16</i> <small>Days</small>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Frederick Co., Md.</i>
Married, Single or Widowed	<i>Single</i>		Occupation				
Name of Wife or Husband							
Father's Name	<i>Charles Wilhite</i>				Father's Birthplace		
Mother's Maiden Name	<i>Martha Egler</i>				Mother's Birthplace		
Name of person giving information	<i>(Father)</i>				How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Measles</i>	How long	<i>6</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>James R. Valer</i>
		Address	<i>Thurmond</i>
Accident or Suicide?	<i>—</i>		<i>MD</i>

6



Name  
in  
Full

Ruth

Zimmerman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died $\rightarrow$ near Walker Mills		Town		County		Friedrich		MARYLAND	
Date of death 1903	Month 4	Day 10	Age	Years	Months	Days			
Sex Female	Color or Race	White		Birth-place	Friedrich Co.				
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name					Father's Birthplace				
deighton M. Zimmerman					Friedrich Co.				
Mother's Maiden Name					Mother's Birthplace				
Myra B. Heberling					Lern - Co. Pa.				
Name of person giving information					How related to deceased				
Adam Heberling					Grandfather				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertinitis	How long	6 days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Smith
		Address	Mt. Pleasant Friedrich Co.
Accident or Suicide?			

